Federal Tax ID	
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APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

Department of Environmental Radiation Licensing Section P.O. Box 4312

Baton Rouge, Louisiana 70821-4312 Phone: (225) 219-3041 Fax: (225) 219-3154

OFFICE USE ONLY						
License #						
AI#						
Amendment #						
Date Issued						
Date Received						

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MATERIA	AL LICENSE	nc. (223) 2	17-3041 1	Fax: (225) 21)-J15 T	Date Is	ssued		
DRC 11 (Rev.						Data R	eceived		
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I. NAME O	FAPPLICANT		2. New	License Application	□ Renewal	□ Am	endment Request		
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				E NUMBER:					
MAILING ADDRESS 3. DEPARTMENT, LOCATIO				OR ADDRESSE	S AT WHI	CH USED AND/	OR STORED		
			☐ Check if:	same as Item 1 only					
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		ZID CODE							
		ZIP CODE:							
AREA CODE	TELEPHONE NO.			y Job Sites in LA	☐ Offshore				
			□ Out of State (List States)						
AREA CODE	FAX NO.		EMAIL:						
4.	RADIATION PROGRAM PER	SONNEL		TITLE OR	FUNCTION		RESUME ATTACHMENT PAGE OR ITEM		
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5. a.	PERS Name of Supplier:	SONNEL MONI		N DETECTED		NOT APP.	ATTACHMENT	PAGE OR ITEM	
	Name of Supplier:	SONNEL MONI	RADIATIO	N DETECTED □ Beta	□ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel	Name of Supplier: Exchange Period:	SONNEL MONI	RADIATIO	□ Beta		NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry	Name of Supplier: Exchange Period: Where Worn:	SONNEL MONI	RADIATIO Alpha Neutron	□ Beta □ X-Ray	□ Gamma □ Radon	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket	Name of Supplier: Exchange Period: Where Worn: Manufacturer:		RADIATIO Alpha Neutron RADIATIO	□ Beta □ X-Ray N DETECTED	□ Radon	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket Chamber or	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Max. 1	Range:	RADIATIO Alpha Neutron RADIATIO Alpha	☐ Beta ☐ X-Ray N DETECTED ☐ Beta	□ Radon □ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket Chamber or Dosimeter	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Direct Reading		RADIATIO Alpha Neutron RADIATIO	□ Beta □ X-Ray N DETECTED	□ Radon	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket Chamber or	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Direct Reading Laboratory:	Range:	RADIATIO Alpha Neutron RADIATIO Alpha Neutron	☐ Beta ☐ X-Ray N DETECTED ☐ Beta ☐ X-Ray	□ Radon □ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
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a. Personnel Dosimetry b. Pocket Chamber or Dosimeter c. Bio-	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Direct Reading Laboratory: Type of Sample:	Range: Freque	RADIATIO Alpha Neutron RADIATIO Alpha Neutron	☐ Beta ☐ X-Ray N DETECTED ☐ Beta ☐ X-Ray	□ Radon □ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket Chamber or Dosimeter c. Bio- Assay	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Direct Reading Laboratory: Type of Sample: Radiation or Radioactive Material As	Range: Freque	RADIATIO Alpha Neutron RADIATIO Alpha Neutron	☐ Beta ☐ X-Ray N DETECTED ☐ Beta ☐ X-Ray	□ Radon □ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry b. Pocket Chamber or Dosimeter c. Bio- Assay d. Other	Name of Supplier: Exchange Period: Where Worn: Manufacturer: Model: Direct Reading Laboratory: Type of Sample: Radiation or Radioactive Material As Describe	Range: Frequences	RADIATIO Alpha Neutron RADIATIO Alpha Neutron ROUTE	☐ Beta ☐ X-Ray N DETECTED ☐ Beta ☐ X-Ray	□ Radon □ Gamma	NOT APP.	ATTACHMENT	PAGE OR ITEM	
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0. HEALTH PHYSICS INSTRUMENTATION NO					NOT	APPLICABL	E	ATTACHMEN	NT P.	AGE OI	R ITEM	
MANUEL CENTRED	MODEL	OTTAN	D A DIA TION	DOGE (D EN	EDGY	TEXT I	TOP		L IDD 4	ELONI	
MANUFACTURER	MODEL	QUAN- TITY	RADIATION DETECTED	DOSE C	T RA	ANGE			COMPANY OR		ATION FREQUENCY	
				RANG	E		PURPO	DSE	PROCEDURE			
11.	CENERAL	INSTRUMEN'	TATION			NOT	APPLICABL	E	ATTACHMEN	NT P.	AGE OI	R ITEM
11.	GENERAL	II (STROME)	IATION									
MANUFACTURER	MODEL	QUAN- TITY	RADIATION DETECTED			TY	PE, USE,	OR PU	RPOSE	•		
12.		MEDICAL SU	IPPLEMENTS					APP	NOT PLICABLE	ATTAC: MENT		PAGE OR ITEM
a. INSTRUCTIONS FOR CARE OF	PATIENTS C	ONTAINING F	RADIOACTIVE I	MATERIALS								
b. HOSPITALS WHERE RADIOAC	TIVE MATE	RIALS ARE US	SED (INDIVIDU	ALS ATTAC	H APPROV	VAL)						
c. HOSPITALS WHICH ADMIT MY	PATIENTS	CONTAINING	RADIOACTIVE	MATERIAL	S (ATTAC	н аррі	POVAL)					
	TATILATIS	CONTINIAN	RADIO/RETIVE	WINTERINE	5 (7111716	117111	KO VIL)					
d. PRECEPTOR STATEMENTS												
13.	INDUSTR	IAL RADIOG	RAPHY SUPPL	EMENTS								
a. Training Program for Industrial Rad b. Internal Management Review Proce			Retraining									
c. Organizational Structure	dures and Co	introis										
	☐ Partnershij				0 1 11							
e. Applicant is Controlled Directly or	Indirectly by	the Following C	Corporation or Leg	gal Entity (Na	me & Addr	ess)						
f. Applicant is Incorporated Under the Laws of: g. OFFICERS, PARTNERS OR ADDRESS NUMBER OF SHARES												
g. OFFICERS, PARTNERS STOCKHOLDERS	OK		ADDICESS		OR PE	RCENT	AGE IF					
OVE			VER 10)%								
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14. ADDENDUM TO PERMIT A	PPLICATION	NS PER LAC 33	3:I.1701									
15. ENTER NAME & COMPANY	AFFII IATI	ON OF ANYO	NE OTHER THA	N AN EMPI	OYEE OF		Name:					
THE APPLICANT GIVEN IN							Company:					
APPLICATION	- 41-1 - 110	-4 1 1 10	C411'						-1:- ^		1- 41	
	The applicant and any official executing this certificate on behalf of the applicant named in Item 1 certify that this application is prepared in conformity with the Louisiana Radiation Regulations and that all information confirmed herein, including any supplements attached thereto, is true and correct to the best of our knowledge or belief											
DATE	APPLIC	ANT		SIGNATUR	Е			TITLI	Ε			